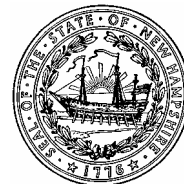




State of New Hampshire  
DEPARTMENT OF ENVIRONMENTAL SERVICES  
6 Hazen Drive, PO Box 95, Concord, New Hampshire 03302-0095  
Phone (603) 271-2457 Fax (603) 271-7894



## VOLUNTEER RIVER ASSESSMENT PROGRAM GROUP APPLICATION FOR PARTICIPATION

### A. General Information

|   |   |                                   |   |
|---|---|-----------------------------------|---|
| Group Status<br>(check one)   | <input type="checkbox"/> New  | <input type="checkbox"/> Existing | If existing, name of group/organization:<br>_____ |
| Name of River/Watershed of Interest:<br>_____   |   |                                   |   |
| If interested in tributaries associated with the river, please list tributary names:<br>_____ |   |                                   |   |
| Proposed start date as VRAP volunteer:<br>_____   |   |                                   |   |
| Water quality<br>interest (check<br>all that apply)   | <input type="checkbox"/> Primary/secondary contact recreation<br>(e.g., swimming, boating)<br><input type="checkbox"/> Aquatic life use (e.g., fish, aquatic insects)<br><input type="checkbox"/> Aesthetics (color, odor)<br><input type="checkbox"/> Other: _____ |                                   |   |
| Use of data<br>(check one)  | <input type="checkbox"/> Basic familiarization with water quality parameters<br><input type="checkbox"/> Determine compliance with NH surface water quality<br>standards* (permits use of data by DES)<br><input type="checkbox"/> Other: _____                     |                                   |   |
| Name of Group Coordinator (must be filled in):<br>_____                                       |   |                                   |   |
| Street/P.O. Box:<br>_____   |   |                                   |   |
| City/Town:<br>_____   |   |                                   |   |
| Telephone: _____  |   | Day: _____                        | Evening: _____                                    |
| E-mail address:<br>_____  |   |                                   |   |
| Name of Applicant (if different from Group Coordinator):<br>_____                             |   |                                   |   |
| Street/P.O. Box:<br>_____   |   |                                   |   |
| City/Town:<br>_____   |   |                                   |   |
| Telephone: _____  |   | Day: _____                        | Evening: _____                                    |
| E-mail address:<br>_____  |   |                                   |   |

\*Requires stringent quality assurance/quality control while using water quality equipment

(Please see other side of page.)

## B. Specific Information

In the space below, please write your overall goals and objectives for your group. (Example: To continually measure the dissolved oxygen of the Swift River, and determine whether the river meets New Hampshire surface water quality standards for dissolved oxygen.)

In the space below, please state/list your desired accomplishments for the upcoming sampling season. (Example: Collect pH data from five stations along Partridge Brook on five separate dates.)

In the space below, please write your expectations from the VRAP during the upcoming sampling season. (Example: Prepare one complete water quality sampling kit for 10 separate sampling dates.)

Thank you for signing up with the VRAP. We look forward to working with you!

Signature of Applicant \_\_\_\_\_

Date of Application \_\_\_\_\_